

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT
for the

Deverley Harris Plaintiff/Petitioner)
v.)
The Bozzuto Group Defendant/Respondent)
Civil Action No.)

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)**

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: LaZetta Taylor

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 6/6/18

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment - <i>Retired</i>	\$ 0	\$ <i>N/A</i>	\$ 0	\$
Self-employment	\$ 0	\$ <i>N/A</i>	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$ <i>N/A</i>	\$ 0	\$
Interest and dividends	\$ 0	\$ <i>N/A</i>	\$ 0	\$
Gifts	\$ 0	\$ <i>N/A</i>	\$ 0	\$
Alimony	\$ 0	\$ <i>N/A</i>	\$ 0	\$
Child support	\$ 0	\$ <i>N/A</i>	\$ 0	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$ 28,236	\$ N/A	\$ 1501 + 842	\$
Disability (such as social security, insurance payments)	\$ 268.12	\$ N/A	\$ 268	\$
Unemployment payments	\$ 0	\$ N/A	\$	\$
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$	\$
Other (specify):	\$ 0	\$ N/A	\$	\$
Total monthly income:	\$ 28,504.00	\$ 0.00	\$ 2611 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NONE	NONE	N/A	\$ N/A
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
STATE DEPT FEDERAL CREDIT UNION	CHECKING + SAVING	\$ 402	\$ N/A
—	—	\$ —	\$ —
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ 0
Other real estate (Value) LOT IN FL.	\$ 1200
Motor vehicle #1 (Value) (LEASED)	\$
Make and year: 2017 NISSAN	
Model: Rogue	
Registration #: NJ	
Motor vehicle #2 (Value)	\$
Make and year: N/A	
Model: N/A	
Registration #: N/A	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE	\$ 0	\$ N/A
NONE	\$ 0	\$ N/A
NONE	\$ 0	\$ N/A

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
NONE	N/A	N/A

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)		
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1589	\$ N/A
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 300	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 10	\$ N/A
Medical and dental expenses (Disable Vet)	\$ 0	\$ N/A
Transportation (not including motor vehicle payments) GAS	\$ 40	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 10	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 13	\$ N/A
Life:	\$ 0	\$ N/A
Health: — SSN	\$ 18.0	\$ N/A
Motor vehicle:	\$ 29.0	\$ N/A
Other:	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ N/A
Installment payments		
Motor vehicle:	\$ 289.0	\$ N/A
Credit card (name):	\$ 300.0	\$ N/A
Department store (name):	\$ 0	\$ N/A
Other:	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$	\$ N/A

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	<u>\$ 278 0.00</u>	<u>\$ 0.00</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No

If yes, how much? \$ 50 *Copies and other document
- TRANSPORTATION*

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence.

Roseville, NJ 07203

Your daytime phone number: (973)876-0933

Your age: 69 Your years of schooling: GRADUATE

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Pro se (Non Prisoner)
Consent & Registration Form to Receive Documents Electronically

Pursuant to Fed. R. Civ. P. 5(b), and Fed. R. Civ. P. 77(d), Local Civil Rule 5.2 and the Court's Electronic Case Filing Policies and Procedures, documents may be served through the court's transmission facilities by electronic means. Documents that are not permitted to be served electronically are pleadings that are to be served with process under Fed.R.Civ.P. 4.

I Doverley Harris hereby consent to receive service of documents and notice of electronic filings via the Court's electronic filing system to the extent and in the manner authorized by the above rules and waiving the right to receive notice by first class mail pursuant to Fed.R.Civ.P. 5(b)(2)(D) and Fed.R.Civ.P. 77(d).

Pursuant to Local Civil Rule 10.1, I will promptly notify the Court if there is a change in my personal data, such as name, address, and/or e-mail address. I will promptly notify the Court to request cancellation of electronic service.

Litigants who have consented to receive documents electronically will be sent a **Notice of Electronic Filing** via e-mail. Upon receipt of the notice, they are permitted **one "free look"** at the document by clicking on the hyperlinked document number. The one "free look" will expire 15 days from the date the notice was sent. After the "free look" is used or expires, the document can only be accessed through PACER (Public Access to Court Electronic Records.) It is recommended that litigants establish a PACER account. This can be accomplished by visiting the PACER web site at <http://pacer.psc.uscourts.gov>. PACER is an automated system that allows an individual to view, print, and download documents for a fee.

My e-mail address is: SIRRAH.BM@GMAIL.COM

My case number is: _____

DeBeverley Harris
Signature of Litigant

610 GREENWAY BLVD
Mailing Address

Roselle NJ 07203
City, State, Zip Code

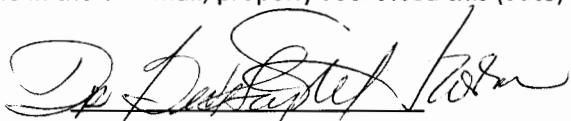
(973) 876-0933
Telephone Number

Date: 6/6/18

Helpful Hints:

- ~ All original papers submitted for consideration to the Court are to be filed with the **Clerk of this Court**. Copies of papers filed in this Court are to be served upon counsel for all other parties (or directly on any party acting pro se). Proof that service has been made is provided by a certificate of service. This certificate should be filed in the case along with the original papers and should show the day and manner of service.

Example: "I, (name), do hereby certify that a true and correct copy of the foregoing (name of pleading or other paper) has been served upon (name(s) of person(s) served) by placing the same in the U.S. Mail, properly addressed this (date) day of (month), (year)."



(Signature)

- ~ Any request for court action shall be set forth in a motion, properly filed and served. (Please see the Motion Guide included in this packet.)
- ~ No direct communication is to take place with the District Judge or United States Magistrate Judge with regard to this case. **All relevant information and papers are to be directed to the Clerk.**
- ~ The parties should notify the Clerk's office when there is an address change. Failure to do so could result in court orders or other information not being timely delivered, which could affect the parties' legal rights.